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Case 3:07-cv-02542-SI Document 39
                                                 Filed 07/18/2007
                                                                      Page 1 of 14
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    Attorneys for Plaintiff
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 7
                                UNITED STATES DISTRICT COURT
                            EASTERN DISTRICT OF PENNSYLVANIA
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 9
    IN RE: ASBESTOS PRODUCTS LIABILITY
                                                          Civil Action No. MDL. 875
    LITIGATION (NO. VI),
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    This document relates to James Guthrie, Tony
                                                          STATEMENT OF CASE STATUS AS
    Davidson, Ronald Zerangue, Samuel Rester,
                                                          TO PLAINTIFF Jesse Beverly, Jr.
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    John Gray, Elmer Parolini, Wayne Dufault, Jesse
    Beverly, Jr. v. General Electric Company, Todd
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    Shipyards Corporation, Lockheed Martin
Corporation, Raytheon Aircraft Company,
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    McDonnell Douglas Corporation, United States
    District Court for the Northern District of
16
    California, Case No.C07-2542-JL, Filed May
    14, 2007.
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           Pursuant to Administrative Order No. 12 of May 31, 2007, the above-referenced plaintiff
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    makes the following statements:
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                   SUBMISSION OF IDENTIFICATION INFORMATION
            1.
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           Plaintiff (full name): Jesse Beverly, Jr;
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           Date of Birth: November 5, 1936;
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           Last four digits of plaintiff's social security number: 3986;
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           Plaintiff is a:
                         asbestos-related injury victim. (The person who suffered the asbestos-
26
    related injury was Jesse Beverly, Jr).
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           2.
                   SUBMISSION OR RELATED COURT ACTIONS
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           Plaintiff identifies the following related actions, the status of each of the following being
    G:\MDL\AUGUST 1 PROJECT\run on 7 6 07 as of 1051.wpd [ 104529.003 Jesse Beverly, Jr ]
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7. SCREENED CASES

Plaintiff's claims are not the result of a mass screening.

California, Case No. 274014. Claim of the Asbestos Injured Party for his personal injury. This

"pending" in the court unless otherwise indicated; with additional information on these related

Jesse Beverly, Jr. v. Asbestos Defendants, San Francisco Superior Court of the State of

case is active, pre-trial.

3. SUBMISSION OF STATEMENT OF CASE STATUS

action(s) attached hereto and incorporated herein by this reference:

- Plaintiff identifies the following defendants as non-bankrupt and unsettled the A. above stated plaintiff has pled against: GENERAL ELECTRIC COMPANY, TODD SHIPYARDS CORPORATION, RAYTHEON AIRCRAFT COMPANY, MCDONNELL DOUGLAS CORPORATION
- В. Plaintiff has achieved resolution of plaintiff's claim with the following defendants: Not applicable.
- C. Plaintiff now desires to dismiss from Plaintiff's action the following Defendants: Not applicable.
- D. Plaintiff identifies the following defendant(s) as currently in bankruptcy: Not applicable.

4. SUBMISSION OF MEDICAL REPORTS

Plaintiff submits that attached medical diagnosing report / opinion based upon objective and subjective data which is identified and descriptively set out within the report / opinion which will withstand a dispositive motion, and is based on objective and subjective data which is identified and descriptively set out within the report / opinion.

ALTERNATIVE PLAINTIFF SUBMISSION 5.

Not Applicable.

TIMING REOUIREMENTS 6.

Above plaintiff's action was filed on May 14, 2007 making this submission due on or before August 1, 2007.

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8. **EXCLUSIONS**

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This case is not designated as 2MDL 875 (MARDOC).

9. SETTLEMENT CONFERENCE / SUGGESTIONS OF REMAND

Plaintiff asks that a settlement conference be set in this matter and seeks remand of this case back to the originating court.

10. MANNER OF SUBMISSIONS

In accordance with FRCivP Rule 5, a copy of the foregoing submission is served upon all parties in this above-identified action (Case No.C07-2542-JL) pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

7/10/07 Dated: BRAYTON❖PURCELL LLP

By:

David R. Donadio

Attorneys for Plaintiff Jesse Beverly, Jr

DEFENDANTS IN RELATED COURT ACTION

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QUINTEC INDUSTRIES, INC. RAPID-AMERICAN CORPORATION R.F. MACDONALD CO. THORPE INSULATION COMPANY UNIROYAL HOLDING, INC. VIACOM, INC. WESTERN MacARTHUR COMPANY MacARTHUR COMPANY WESTERN ASBESTOS COMPANY HONEYWELL INTERNATIONAL, INC. FORD MOTOR COMPANY GENERAL MOTORS CORPORATION THE GOODYEAR TIRE & RUBBER COMPANY

CLEAVER-BROOKS, INC.

FOSTER WHEELER LLC

OWENS-ILLINOIS, INC.

GOODRICH CORPORATION

BUCYRUS INTERNATIONAL, INC.

THOMAS DEE ENGINEERING CO., INC.

PARKER-HANNIFIN CORPORATION

PLANT INSULATION COMPANY

GARLOCK SEALING TECHNOLOGIES, LLC

LOCKHEED MARTIN TACTICAL SYSTEMS, INC. AIRCRAFT BRAKING SYSTEMS CORPORATION

BRIDGESTONE/FIRESTONE NORTH AMERICAN TIRE, LLC INGERSOLL-RAND COMPANY

THE BOEING COMPANY

UNITED TECHNOLOGIES CORPORATION

VOUGHT AIRCRAFT INDUSTRIES, INC.

CURTISS-WRIGHT CORPORATION

MISSION VALLEY FORD JOHN HINE PONTIAC

RAYTHEON AIRCRAFT COMPANY 3M COMPANY

ROHR, INC.

HOPEMAN BROTHERS, INC. J.T. THORPE & SON, INC.

METROPOLITAN LIFE INSURANCE COMPANY

GATKE CORPORATION

AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS, INC. UNDERWRITERS LABORATORIES, INC.

PNEUMO ABEX LLC AND JOHN HINE PONTIAC and DOES 1-8500,

Defendants.

Jesse Beverly, Jr. vs. Asbestos Defendants (B❖P)

San Francisco Superior Court

Case 3:07-cv-02542-SI Document 39 Filed 07/18/2007 Page 5 of 14

ALVIN J. SCHONFELD, D.O., F.C.C.P., P.C.

PULMONARY MEDICINE OCCUPATIONAL LUNG DISEASE

438 W. ST. JAMES PLACE CHICAGO, IL 60614

PHONE: 1-773-472-2810 FAX: 1-773-472-2809

CONSULTANT IN PULMONARY MEDICINE:

RUSH NORTH SHORE MEDICAL CENTER
9600 GROSS POINTE ROAD
SKOKIE, IL 60077

VAIL VALLEY MEDICAL CENTER
181 W. MEADOW DRIVE
VAIL, CO 81657

October 12, 2006

Brayton Purcell Attention: Alan R. Brayton, Esq.

222 Rush Landing Road
Novato, CA 94948

Re:

Patient:

Jesse J. Beverly

SSN:

438-52-3986

DOB:

11/05/36

Dear Mr. Brayton:

This is a physician's report pertaining to the above-named patient whom I had the pleasure of interviewing and examining on the above date.

Mr. Beverly is a 69-year-old male with a high school education.

MILITARY SERVICE: He served in the U.S. Navy between 1955 and 1974. He was a jet engine mechanic aboard several ships. This included the USS Hancock CVA-19, the USS Point Cruz CVE-119, the USS Pine Island AV-12, and the USS Randolph CVS-15. He worked with asbestos on manifolds. He changed brake pucks on aircraft. He worked on asbestos-covered pipes overhead, especially in sleeping compartments. He never wore a mask or respirator.

OCCUPATIONAL HISTORY: From 1974 until 1981 he was a welder at National Steel & Ship Building Company (Nasco). This also involved exposures to asbestos. He worked on asbestos-covered overhead pipes in the berthing compartments. He did this for the last four years of his employment at Nasco, never wearing a mask or respirator.

From 1981 to the present he has been an engine mechanic at Naval Air Station North Island. He continues to work around some asbestos involving overhead pipes and asbestos-containing clamps. He never wore a mask or respirator.

(continued Page 2)

ALVIN J. SCHONFELD, D.O., F.C.C.P., P.C.

To: Brayton Purcell Re: Jesse J. Beverly

Page 2

OCCUPATIONAL HISTORY (cont.): During the above intervals he knocked asbestos off of pipes. He swept up asbestos using brooms. He cut asbestos panels. He worked with asbestos gaskets, ropes, blankets and gloves. He used asbestos-covered wire.

He changed brake shoes on aircraft and also on his own Ford vehicles.

SMOKING HISTORY: He smoked one pack of cigarettes every three days between 1955 and 1978. Since that time he has been a nonsmoker.

RESPIRATORY SYMPTOMS: He has had some shortness of breath while running. Otherwise, he denies significant dyspnea on exertion. He has some wheeze in the early morning, no significant cough or mucus production.

PAST MEDICAL HISTORY: Positive for angina pectoris, hypercholesterolemia, hypertension, and prostate enlargement and malignancy.

He denies any history of asthma, bronchitis, emphysema, pneumonia, diabetes, gout, ulcers, bowel or bladder problems, MI or CVA.

MEDICATIONS: Felodipine, aspirin, Zocor, primidone, hydrochlorothiazide, Nitrobid and Plavix.

SURGICAL HISTORY: Coronary stent.

<u>FAMILY HISTORY:</u> Negative for lung cancer, colon cancer or chronic respiratory disease.

PHYSICAL EXAMINATION: Physical examination revealed an alert and oriented male in no acute distress. Head and neck exam was unremarkable. Lungs were clear to auscultation. Cardiac exam revealed a regular rate and rhythm without murmurs. Abdomen was soft and without masses. Extremities showed 2+ pitting edema, no clubbing or cyanosis.

CHEST X-RAY: PA chest x-ray dated 3/24/06 was read by Dr. Breyer according to the 2000 ILO Classification as a Quality I film. Irregular interstitial infiltrates were seen in both mid and lower lung zones having a shape and size of s/s and profusion of 1/0. Pleural thickening was seen bilaterally en face having an extent of 1 bilaterally.

(continued Page 3)

ALVIN J. SCHONFELD, D.O., F.C.C.P., P.C.

To: Brayton Purcell Re: Jesse J. Beverly

Page 3

<u>PULMONARY FUNCTION STUDIES:</u> Complete PFT's dated 10/12/06 were performed according to ATS guidelines and showed a mild impairment in diffusion.

	<u>observed</u>	<u>% predicted</u>
FVC	3.59 L	87%
FEV_1	2.96 L	94%
FEV ₁ /FVC	83 %	
TLC	5.60 L	89%
Diffusion capacity	26.29	77 %

IMPRESSION:

- Given the patient's history of significant exposure to asbestos in the workplace associated with an appropriate latency, and given the roentgenographic and pulmonary function findings described above, I feel with a reasonable degree of medical certainty that Mr. Beverly is diagnosed as having interstitial fibrosis caused by bilateral pulmonary asbestosis as well as bilateral asbestos-related pleural disease. I feel with a reasonable degree of medical certainty that this diagnosis is causally related to his asbestos exposure in the military and his workplace exposure to asbestos at National Steel & Ship Building Company (Nasco) and at Naval Air Station North Island.
- 2) Lower extremity edema for which medical follow-up is indicated.
- 3) History of prostate cancer.

RECOMMENDATIONS:

- 1) He is at increased risk for the development of lung cancer, mesothelioma and other non-pulmonary malignancies associated with asbestos exposure.
- 2) He should be advised to have yearly chest x-rays, pulmonary function screening and screening for gastrointestinal malignancy.
- 3) He should be advised that chest x-rays and pulmonary function may deteriorate in the absence of further asbestos exposure.
- 4) He should be advised to refrain from the use of all tobacco-containing products.

This report serves only to establish the presence of an occupational lung disease and does not establish a doctor-patient relationship.

I hope that the above information is useful to you.

Sincerely,

Alvin J. Schonfeld, D.O., FCCP, FAADEP

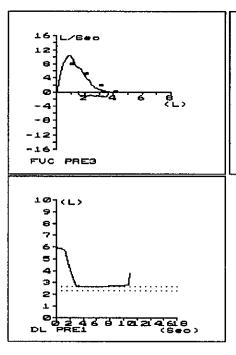
ALVIN SCHONFELD, D.O., FCCP Case 3:07-cv-02542-Sd38 Diversion est 39Jamese de Dade/2007 Page 8 of 14 Chicago, Ill. 60614

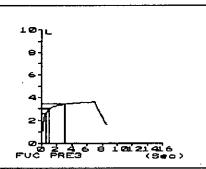
PT: JESSE BEVERLY HT: 72.0 in DATE: 10/12/2006 PT#: 438523986 AGE: 69 SEX: M WT: 248.0 lb TIME: 08:05:03

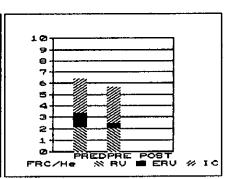
PHYSICIAN: TECH: J. PANZERA, RRT

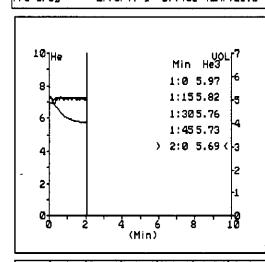
PRED-COLLINS3---- Predicted Values Have Been Race Corrected ----

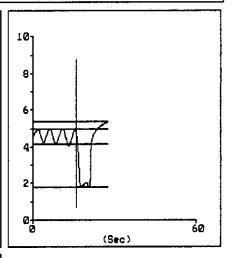
			Pre-Dr	ug*
Spirometr	Ty.	Predicted	Actual	%Pred
FVC	_ (L)	4.12	3.59	87
FEV1	(L)	3.14	2.96	94
FEV1/FVC	(%)	76	83	108
FEF25-75%		3.24	3.09	95
FEFmax	(L/S)	8.93	10.17	114
TET	(SEC)	0.55	6.90	
 -	(550)		Pre-Dr	ug* Avg
Lung Volu	ımes	Predicted	Actual	%Pred
TLC	(L)	6.31	5.60	89
FRC	(L)	3.37	2.45	73<
RV	(L)	2.16	2.07	96
VC	(L)	4.12	3.53	86
IC	(L)	2.94	3.15	107
ERV	(L)	1.21	0.38	31<
RV/TLC	(%)	35	37	104
He Equil.	(MIN)	33	2.00	104
ue rdarr.	(MITIA)			
piec	_	a!a		ug* Std
Diffusion		Predicted	Actual	%Pred
Dsb ml/mir		34.18	26.29	77<
VA(sb) (L)		7.43	5.15	69<
D/VA		4.65	5.10	110











Sys. Volume	Hg 1	He 2	He 3	Air Added	Eq. Time	Sw. Error
9.24						

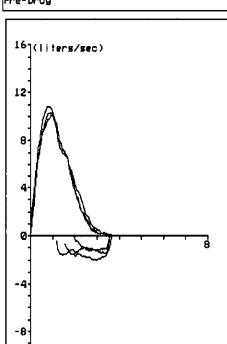
Param.	FRCL	//Pred
	SVC1@1	
IC	3.15	1.07
ERU	0.36	31
TV	0.82	
	3.53	86
UC FRC	2,45	73
RU I	2.27	96
TLC RU/TLC	\$.60	89
RU/TLC	36.97	104

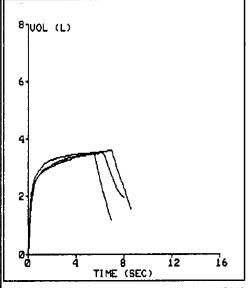
Pt. Name: BEVERLY Pre-Drug

-12

Pt. ID: 438523986

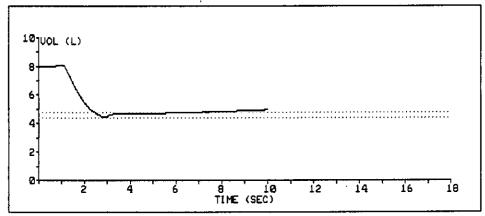
Date: 10/12/2006 Set #: 0





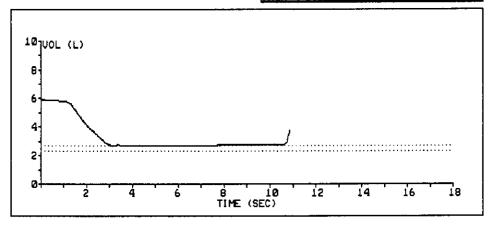
				i .	i
Effort	FUC	FEV1	FEU1%	F25/75	PEFR
Pred	4.12	3.14	76	3.24	8.93
1	3.53	2.77	78	2.53	10.00
3 BEST	3. 5 9	2.96	82	3.09	10.17
4	3.56	2.81	78	2.74	10.70

Effort		2	Pred	Ava
4	25.53	26.29	77	
Dsbhb	25.53	26.29	77	
	21.65		72	
рсонь	21.65	24.44	72	
VACE	4.92	4.79	64	
VASb	5.80	5.15	69	
D/UA	4.40	5.10	110	
D/VALL	4.40	5.10	110	
VInse_	3.15	3.02		
BHT	10.24	9.58		
co	26.98	27.45		
CH4	2.02	0.00		
Не	5.16	5.54		
WASH	1.10	1.10	L	



Pt. Name: BEVERLY Pt. ID: 438523986 Date: 10/12/2006 Pre-Drug Effort: 1 BP:761 TEMP:21.2

Effort	1	2	/Pred_	Aug
Dsb	25.53	26.29	75	
Dsbhb	25.53	26.29	75	
DCO	21.65	24.44	63	
DCOhb	21.65	24.44	63	
1	4.92		66	
UASB	5.80	5.15	78	
D/VA	4.40	5.10	95	
D/VALL	4.40	5.10	95	
Uinsp	3.15	3.02		
BHT	10.24	9.58		
co	26.98	27.45		
CH4	0.00	0.00		
He	5.16	5.54		
WASH	1.10	1.10		



DONALD BREYER, M.D., F.A.C.R. Certified ILO B Reader

6861 Gunn Drive Oakland, CA 94611 (510) 339-9204 Fax: (510) 338-0069

October 22, 2006

BEVERLY, JESSE

EXAMINATION: A CT scan of the chest including conventional and prone high resolution images. The study is performed at RMG San Diego on 10/6/06 and is technically adequate.

DATE OF EXAMINATION: October 6, 2006

In the nondependent lung fields on the prone high resolution images there are bilateral changes of thickened irregular intralobular septa and thickening of the intralobular interstitium. These findings are present on multiple images in the mid and lower lung fields and found primarily in the paravertebral regions.

Chest wall pleural thickening is noted bilaterally. This is noted on the right post chest wall on prone high resolution image #24, and prone high resolution image #41, and on the left posterior chest wall on prone high resolution images #37 and #42.

There is borderline cardiomegaly and coronary artery calcification is present.

IMPRESSION:

THE PARENCHYMAL FINDINGS PRESENT ARE COMPATIBLE WITH INTERSTITIAL FIBROSIS. THE DISTRIBUTION AND APPEARANCE ARE COMPATIBLE WITH ASBESTOS RELATED INTERSTITIAL FIBROSIS.

BILATERAL CHANGES OF CHEST WALL PLEURAL THICKENING. ALTHOUGH NONSPECIFIC, THESE COULD REPRESENT ASBESTOS RELATED PLEURAL DISEASE.

Op.

BEVERLY, JESSE

DATE OF RADIOGRAPH MONTH DAY YEAR	
03242006	
WORKER'S Social Security Number ROENTGENOGRAPHIC INTERPRETAT	TION
TYPE OF READING	
Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form. A B P	
1. FILM QUALITY Overexposed (dark) Improper position Underin	nflation
2 3 U/R Underexposed (light) Poor contrast Mottle	
(If not Grade 1, mark all	
boxes that apply) Artifacts Poor processing Other (p	please specify)
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES 5. ZONES 6. PROFUSION 1. SHAPESIZE	2C. LARGE OPACITIES
PRIMARY SECONDARY R L	
p /s p /s UPPER 7/4 1/1 1/2	SIZE A B C Proceed to Section 3A
	•
r u r u LOWER 3/2 3/3 3/4	
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)	
1	I would all the
Chest wall Site Calcification Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
in profile R L O R L Up to 1/4 of lateral chest wall = 1	
in profile R L O R L in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
In profile R L O R L in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Diaphragm R L O R L O R L	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b
in profile R L O R L in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
In profile R L O R L in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Diaphragm R L O R L O R L O R L	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
In profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Diaphragm R L O R L O R L Other site(s) R L O R L Z 3 3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D 3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R a b c a b c Proceed to Section 4A ombined for Width (in profile only)
in profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Other site(s) R L O R L 2 3 2 3 3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D 3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Extent (chest wall; con in profile and face on Up to 1/4 of lateral chest wall).	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R a b c a b c Proceed to Section 4A ombined for n) (3mm minimum width required) 3 to 5 mm = a
In profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Other site(s) R L O R L Z 3 3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D 3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Sometimes are profile and face on the profile and f	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R a b c a b c Proceed to Section 4A ombined for m) (3mm minimum width required) 3 to 5 mm = a 5 to 10 nm = b
In profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Other site(s) R L O R L 2 3 2 3 3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D 3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Site Checkwall Calcification Checkwall Calcification Checkwall Calcification Checkwall Calcification Checkwall Calcification 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R a b c a b c Proceed to Section 4A ombined for (3mm minimum width required) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
in profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Other site(s) R L O R L 2 3 2 3 3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D 3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Site Calcification Chest wall Calcification Calcification Calcification Calcification Site Calcification Calcification 1/4 to 1/2 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 2	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R L a b c NO Proceed to Section 4A ombined for n) (3mm minimum width required) 3 to 5 mm = a 5 to 10 nm = b > 10 mm = c O R O R O L
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In profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Diaphragm R L O R L 2 3 2 3 3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D 3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Site Calcification Chest wall In profile O R L O R L O R L AAA. ANY OTHER ABNORMALITIES?	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R L a b c NO Proceed to Section 4A ombined for n) (3mm minimum width required) 3 to 5 mm = a 5 to 10 nm = b > 10 mm = c O R O L a b c Complete Sections NO Proceed to
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In profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 O R L O R L O R L O R L Other site(s) R L O R L O R L Other site(s) R L	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R B Combined for n) (3mm minimum width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 nm = b > 10 mm = c O R O L 2 3 A b c Proceed to Section 4A O R O L A b c YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5 Proceed to Section 5 AB, 4C, 4D, 4E O R O L A b C AB, 4C, 4D, 4E O R O L A b C Proceed to Section 5
In profile R L O R L Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 O R L O R L Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c R B Combined for n) (3mm minimum width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 nm = b > 10 mm = c O R O L 2 3 A b c Proceed to Section 4A O R O L A b c YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5 Proceed to Section 5 AB, 4C, 4D, 4E O R O L A b C AB, 4C, 4D, 4E O R O L A b C Proceed to Section 5

Donald Breyer, M.D. 6861 Gunn Drive Oakland, CA 94611-1442 MONTH

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional) Abnormalities of the Diaphragm Lung Parenchymal Abnormalities ☐ Eventration ☐ Azygos lobe ☐ Hiatal hernia ☐ Density, lung ☐ Infiltrate Airway Disorders ☐ Nodule, nodular lesion ☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation Miscellaneous Abnormalities ☐ Foreign body **Bony Abnormalities** ☐ Post-surgical changes/sternal wire ☐ Bony chest cage abnormality □ Cyst ☐ Fracture, healed (non-rib) ☐ Fracture, not healed (non-rib) Vascular Disorders ☐ Scoliosis Aorta, anomaly of ☐ Vertebral column abnormality ☐ Vascular abnormality 4D. OTHER COMMENTS

CERTIFICATE OF SERVICE

I am employed in the County of Marin, State of California. I am over the age of 18 years and am not a party to the within action. My business address is 222 Rush Landing Road, P.O. Box 6169, Novato, California, 94948-6169.

On the date indicated below, I served the foregoing Statement of Case Status and attachments upon all counsel of record pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

On this	day of July 2007	/s/ John Derby	
		John Derby	